

FILED NOV 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38561

BIRTH NO. _____		REG. DIST. NO. 308		PRIMARY REG. DIST. NO. 4454		Registrar's No. 10			
1. PLACE OF DEATH a. COUNTY <i>St Charles</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St Charles</i>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Augusta mo</i>		c. LENGTH OF STAY (In this place) <i>life</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Augusta mo</i>		d. STREET ADDRESS (If rural, give location) <i>0928</i>			
d. FULL NAME OF (If now in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) <i>EMMA L WETKE MEYER</i>			a. (First)			b. (Middle)			
c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <i>Nov 4 - 1951</i>						
5. SEX <i>F</i>		6. COLOR OR RACE <i>W.</i>		7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Oct. 12 - 1863</i>			
9. AGE (In years last birthday) <i>88</i>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Housework</i>		11. BIRTHPLACE (State or foreign country) <i>Augusta mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13a. FATHER'S NAME <i>Christopher Schoof</i>			13b. MOTHER'S MAIDEN NAME <i>Bertha Lepios</i>			14. NAME OF HUSBAND OR WIFE <i>Aug. Luetkenyer</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>760</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Elmer Luetkenyer</i>		ADDRESS <i>Augusta mo</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <i>1 Week</i>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Decompensation</i>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)		21d. (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from <i>Oct. 25, 1951</i> , to <i>Nov 1, 1951</i> , that I last saw the deceased alive on <i>Nov 1, 1951</i> , and that death occurred at <i>1 P. m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>D. H. P. Haynes M.D.</i>				23b. ADDRESS <i>Augusta Mo</i>		23c. DATE SIGNED <i>Nov. 2, 1951</i>			
24a. BURIAL - CREMATION - REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Nov. 4 - 51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Augusta Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Augusta mo</i>			
DATE REC'D BY LOCAL REG. <i>Nov 3, 1951</i>		REGISTRAR'S SIGNATURE <i>Mrs. Viola Fluetsmeier</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Miss Murchay</i>		ADDRESS <i>Wentzville</i>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10. 48

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV - 9 1951

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Morris Murchison

Signed _____
Student Embalmer

Licensed Embalmer No. 2464

P. O. Address _____

Wentzville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.